

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**CREDIT CLAIM FOR RECORDING SURCHARGE
STAMPS OR INDICIA
Rev 3004.03**

NAME: _____ REGISTER OF DEEDS

COUNTY: _____

AMOUNT OF CLAIM: \$ _____

ORIGINAL FILING PERIOD

Documentation on Errors, Voided Stamps, or Non-sufficient funds (NSF).

1 DATE OF ISSUE: _____

2 NUMBER AND DENOMINATION OF SURCHARGE STAMPS ISSUED: _____

3 TYPE OF DOCUMENT SUBJECT TO RECORDING SURCHARGE: _____

4 NAME, ADDRESS, AND TAX IDENTIFICATION NUMBER OF GRANTOR: _____

5 NAME ADDRESS, AND TAX IDENTIFICATION NUMBER OF GRANTEE: _____

6 BOOK AND PAGE NUMBER WHERE DOCUMENT IS RECORDED: _____

7 CIRCUMSTANCES UNDER WHICH ERRONEOUS ISSUE WAS MADE: _____

8 ENCLOSE :

- a. A PHOTO COPY OF THE DOCUMENT PAGE UPON WHICH THE ERRONEOUS STAMP/INDICIA WAS AFFIXED.
- b. COPY OF NSF ADVICE FROM BANK INCLUDING RELATED BANK FEES
- c. ORIGINAL CHECK RETURNED BY BANK FOR NSF
- d. ALLOCATION OF PAYMENT IF CHECK INCLUDED FEES OTHER THAN L-CHIP SURCHARGE

9 SIGNATURE OF REGISTER OF DEEDS OR AUTHORIZED AGENT _____ DATE _____

WHERE TO FILE:	This form should be attached to the DP-4 for the period in which the credit is being claimed.
WHEN TO FILE:	Pursuant to Rev 3004.03, Form DP-65S Credit Claim for Recording Surcharge Stamps or Indicia erroneously issued and placed on a recorded document shall be filed with the Department for erroneously issued tax stamps, indicia, or non-sufficient funds.

FOR DRA USE ONLY

